

Application Form

For all teaching posts at Wrotham School

Post title:

School:

This form is also available in alternative formats (computer disk, audio tape and Braille).

Please complete using black ink or type.

This is your opportunity to tell us as much as possible about yourself and will help us make a fair decision in the selection process. Please refer carefully to the information you have been provided for this post.

Please ensure you complete **ALL** sections of the application form. Your application will be treated in the strictest confidence.

PART 1 : PERSONAL DETAILS

Name:	Previous Surname(s):
Address:	Alternative address:
Postcode:	Postcode:
Telephone – Home:	Mobile:
Work:	Email address:
DfEs number: /	GTCE full registration? Yes <input type="checkbox"/> No <input type="checkbox"/>

National Insurance Number

(You can obtain this information from the Department of Social Security)

General

Health Declaration

Removed to comply with the 2010 Equality Act. Please note, for jobs involving working with Children or Vulnerable Adults, the statutory regulations require us to ascertain whether the physical and mental fitness of persons appointed to such roles is at an appropriate level prior to any confirmation of appointment.

Superannuation Scheme

Do you contribute to the Teacher's Superannuation Scheme?

Yes No

If you contribute to another scheme please provide details:

Have you elected to pay Superannuation contributions for part time teaching?

Yes No

Disclosure of relationship

Are you related to any elected member of the Council, a Senior Officer of the Council or a member of the School Governing Body?

Yes No (If YES, please provide details)

How did you become aware of this vacancy?

Media:

Date:

Reference:

Please indicate two people who can provide references – one of whom should be your present/most recent employer. Students should include their University/College tutor.

References will be taken up before an offer of employment is made and may be taken up prior to interview.

1. Name:	2. Name:
Address:	Address:
Tel. No.:	Tel.No.:
Email:	Email:
Occupation:	Occupation:

PART 2 : COMPETENCY

Education and Training

Original documentation of qualifications will be required prior to an appointment.

a) Training as a Teacher

Name of Teacher Training Institute		
Dates	From:	To:
Qualification obtained		
Subjects – Main and Subsidiary		
Age Range / Key Stage		
Other special interests		

b) University, College, etc (other than initial teacher training)

Name of Institution(s)	Date from		Date to		Full or Part Time
	Month	Year	Month	Year	
1.					
2.					
Degree / Diploma / Title	Subjects		Hons or Pass Grade	Date of Award	
				Month	Year
1.					
2.					

c) Secondary Education

Name of School(s) and area	1. 2.
Qualifications gained (Give subjects, grades, dates) 'O' Levels, GCSE (or equivalent)	
'A' Levels (or equivalent)	

In-Service Training and Development

Please give details of relevant courses and training undertaken in the last five years.

Dates and duration	Title of Course / Training incl. Home Study & Distance Learning	Name of Provider e.g. LEA, College etc.	Qualification obtained (if any)

Employment History

Please give details of all jobs held after the age of 18, including part time and unpaid work, starting with your current or most recent employer. Please explain any gaps.

When giving details of school employment please include the age range, approximate school roll number and school type i.e. maintained, independent, foundation.

(Continue on a separate sheet if necessary giving page number and title heading)

Employer name and details:		
Dates:	Full or Part Time:	Salary upon leaving (and TLR payments):
Reason for leaving:		

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Dates:	Full or Part Time:	Salary upon leaving (and TLR payments):
Reason for leaving:		

Other Skills and Interests

Please include languages (spoken / written), computers, etc. Please provide details of any community or voluntary work experience.

Applicant Statement

In this section you are asked to outline how your knowledge, skills and experiences meet the competencies required for this post (where set out in the personal specification). Remember to consider experience in previous employment and relevant experience outside of paid work e.g. that gained at home, through the community or through leisure/college activities.

(Continue on a separate sheet if necessary giving page number and title heading)

Protection of children

Disclosure of criminal background is required of those with substantial access to children.

*You are required to give details as this post, for which you are applying, is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) order 1986. **A subsequent offer of appointment will be dependent upon the completion of a satisfactory Enhanced Criminal Records Bureau check.***

Have you ever been convicted or cautioned of a criminal offence?

Yes No

(If YES, please provide details of the Offence, the Sentence and the Date)

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK?

Yes No

(If YES, please provide details)

If you are successful in your application, would you require a work permit prior to taking up employment?

Yes No

Data Protection Statement

I hereby give my consent for KCC or the school to which this application relates if not a KCC controlled school to process and retain on file information (including health and ethnic data) contained on this form and in accompanying documents. This is required for recruitment purposes, the payment of staff and the prevention and detection of fraud. This information may be shared with third party organisations including, but not exclusive to, payroll providers, the CRB, the police and other third parties as defined by the Data Protection Act 1998 and related legislation. All information will be dealt with in accordance with data protection legislation.

Declaration

I declare that the information I have given in this application is accurate and true. I understand that providing misleading or false information will disqualify me from appointment OR, if appointed, may result in my dismissal.

Signature

Date

Please return your completed application form to: *(school add own address)*

PART 3 : EQUAL OPPORTUNITIES MONITORING

This section of the form is **CONFIDENTIAL** and will be detached from your application prior to interview.

Kent County Council recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

Ethnic Group (These are approved by the commission for Racial Equality)

White

British

Irish

Any other White background*

Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background*

Black or Black British

Caribbean

African

Any other Black background*

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background*

Chinese or Other Ethnic Group

Chinese

Other Ethnic Group*

*Please specify

Gender

Male

Female

Date of Birth

If you wish you may disclose information about yourself in this section about your:

Religion/Beliefs

Sexual Orientation

Disability Statement

Kent County Council aims to be a fair employer and is committed to equal opportunity for disabled people. Applications from disabled people are welcome. If you are offered an interview, we have a policy of providing appropriate access and equipment to ensure that disabled people are considered on an equal basis. If you would like any further assistance or advice about this application we will try to help.

Please answer the following questions:

1. Do you consider yourself to be disabled?

Yes No

If YES, do you consider yourself to be disabled under the terms of the Disability Discrimination Act?

Yes No

The Disability Discrimination Act 1995 defines disability as **'a physical or mental impairment which has a substantial and long-term adverse affect on an individual's ability to carry out normal day-to-day activities.'**

2. Is there anything you would particularly like to tell us about your disability?

3. Do you wish us to try to arrange for any of the following to be available, if you are called for interview?

Please tick.

- Induction loop or other hearing enhancement
- Sign language interpreter (please state type)
- Keyboard for written tests
- Someone with you at the interview (e.g. advocate or facilitator)
- Assistance in and out of vehicle
- Accessible car parking
- Wheelchair access
- Accessible toilet

Other assistance (please specify)

The information you have given will be treated as confidential and is necessary to enable us to provide appropriate adjustments and facilities for your interview. Thank you for providing this information.

We reserve the right to verify the information supplied on this form.